

JUVENILE		COMPLAINANT I.D.#		1 <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE	2 <input type="checkbox"/> CASE#	3 <input type="checkbox"/> B.P.		
				3 <input type="checkbox"/> SUPPLEMENT	4 <input type="checkbox"/> 051000025			
4 ONE		5 DATE AND TIME OF THIS REPORT M 10 01 2005 9:50 AM		6 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> MIL	7 IF SUPPLEMENT ORIGINAL OFFENSE DATE M D Y			
7 REPORTED BY <input type="checkbox"/> VICTIM OR		8 AGENCY NAME Madison County Sheriff's Department		9 ADDRESS (STREET, CITY, STATE, ZIP) 246 Corr. Rd. 101-22nd St. Al 36022		10 PHONE 334-787-2500		
11 VICTIM (LAST, FIRST, MIDDLE NAME) IP 20 30		12 ADDRESS (STREET, CITY, STATE, ZIP)		13 ADDRESS (STREET, CITY, STATE, ZIP) COPY TO		14 PHONE ()		
15 VICTIM'S HOME OFFICER		16 EMPLOYER/SCHOOL		17 OCCUPATION		18 PHONE ()		
19 RESIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20 INJURY <input type="checkbox"/> FEL <input checked="" type="checkbox"/> MISD.		21 RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> FEMALE		22 SEX <input type="checkbox"/> H <input checked="" type="checkbox"/> M		
						23 AGE M 1 0		
						24 MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> FURNISHED <input type="checkbox"/> UNKNOWN		
						25 VICTIM WAS (EXPLAIN RELATIONSHIP) Dad		
						26 CODE 13A-11-7		
27 TYPE INCIDENT OR OFFENSE Disorderly Conduct		28 TYPE INCIDENT OR OFFENSE Carrying a Concealed Weapon		29 DEGREE (CIRCLE) 1 2 3		30 UCR CODE 13A-11-50		
				31 DEGREE (CIRCLE) 1 2 3		32 STATE CODE/LOCAL ORDINANCE 13A-11-7		
33 PLACE OF OCCURRENCE Booher T Washington High School (Parking lot REAR)		34 POINT OF ENTRY DOOR <input type="checkbox"/> ROOF <input type="checkbox"/> OTHER		35 METHOD OF ENTRY FORCEFUL <input type="checkbox"/> ATTEMPTED FORCE <input type="checkbox"/>		36 ASSAULT <input type="checkbox"/> SIMPLE <input checked="" type="checkbox"/> AGGR.		
						37 TREATMENT FROM ASSAULT INJURY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
38 OCCURRED ON OR BETWEEN M 10 D 07 Y 05 9:40 AM		39 TIME 10 PM <input type="checkbox"/> MIL		40 TIME 9:40 AM <input type="checkbox"/> MIL		41 LIGHTING NATURAL <input type="checkbox"/> MOON <input type="checkbox"/> ART. EXTC <input type="checkbox"/> ART. INT. <input type="checkbox"/> UNK.		
						42 WEATHER CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> HAIL <input type="checkbox"/> UNK.		
43 PREMISE HWY., ST., ALLEY <input type="checkbox"/> BANK <input type="checkbox"/> DRUG STORE <input type="checkbox"/> RESIDENCE <input type="checkbox"/> APT./TWN. HSE. <input type="checkbox"/> SHOPPING CENTER <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> PARKING LOT <input type="checkbox"/> CONVENIENCE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SERVICE STA.		44 CIRCUMSTANCES HOMICIDE & ASSAULT <input type="checkbox"/> CODE		45 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE 38		46 CODE 13A-11-50		
47 RAPE EXAM <input type="checkbox"/> N <input checked="" type="checkbox"/> Y <input type="checkbox"/> RAPE INJURY <input type="checkbox"/> N <input type="checkbox"/> LOCATION: RAPE		48 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE DESCRIBE: - 38		49 HANOGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> UNKNOWN		50 CODE 13A-11-50		
51 PROPERTY DESCRIPTION 1 QTY 38 Nickel Plated Type handgun No serial Number		52 QUANTITY 1		53 DOLLAR VALUE STOLEN <input type="checkbox"/> DAMAGED <input type="checkbox"/>		54 RECOVERED DATE <input type="checkbox"/> VALUE		
						10-07-05		
55 CONTINUED IN NARRATIVE								
56 MOTOR VEHICLE		57 CURRENCY, NOTES		58 JEWELRY		59 CLOTHING/FURS	60 FIREARMS	61 OFFICE EQUIPMENT
S		5		B		S	S	S
R		R		R		R	R	R
D		D		D		D	D	D
C		G		G		G	G	G
62 ELECTRONICS		63 HOUSEHOLD		64 CONSUMABLE GOODS		65 LIVESTOCK	66 MISCELLANEOUS	67
S		S		S		S	S	S
R		R		R		R	R	R
D		D		D		D	D	D
C		G		G		G	G	G
68 CHECK CATEGORIES 1 STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> SUSPECTS VEH. <input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> AUTH. USE <input type="checkbox"/> ABANDONED								
70 STOLEN <input type="checkbox"/> LIC. <input type="checkbox"/> LIS. <input type="checkbox"/> LY. <input type="checkbox"/> TAG COLOR <input type="checkbox"/> VIN		71 VMA <input type="checkbox"/> VMO <input type="checkbox"/> VAT <input type="checkbox"/> MYCO: TOP: BOTTOM:		72 ADDITIONAL DESCRIPTION				
73 VTR <input type="checkbox"/> VMA <input type="checkbox"/> VMO <input type="checkbox"/> VAT <input type="checkbox"/> MYCO: TOP: BOTTOM:								
74 STOLEN AT/TO <input type="checkbox"/> AREA STOLEN <input type="checkbox"/> VEH ONLY <input type="checkbox"/> BUS. <input type="checkbox"/> RES. <input type="checkbox"/> RUR.		75 OWNERSHIP <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		76 VERIFIED BY		77 WARRANT SIGNED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
78 AUTO INSURER NAME/COMPANY/ ADDRESS (STREET, CITY, STATE, ZIP)		79 PHONE						
80 NOTES FOR RECOVERY ONLY RECOVERED PER 142 UCR CODE		81 STOLEN IN YOUR JURISDICTION? <input type="checkbox"/> WHERE?		82 RECOVERED <input type="checkbox"/> WHERE? <input type="checkbox"/> EXHIBIT		83		

INCHES

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TYPE OR PRINT IN BLACK INK

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ACJC-32 REV 8-96